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Image# 201601159004508313

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	or Other Than An A	uthorized Committee	Office Use On	ıly
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5	
Michigan First PAC				I
ADDRESS (number and street)	901 N Washington Street	: 		
Check if different	Suite 700			
than previously reported. (ACC)	Alexandria		VA 22314-153	5
2. FEC IDENTIFICATION NU	MBER ▼ (CITY A	STATE ▲ ZIP	CODE A
C C00495317	3.	IS THIS REPORT X NEW (N)	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	Teb 20 (M2) May 20 Mar 20 (M3) Jun 20		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (Q	1)	Apr 20 (M4) Jul 20		Jan 31 (YE)
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)	
X January 31 Year-End Report (YE	Elec	ction on	"" "	he te of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	` /	Runoff (30R)	Special (30S)
Termination Report (TER)	Elec	ction on	"" "	he te of
5. Covering Period 07	01 / 2015		12 31 Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y	Y
I certify that I have examined this	s Report and to the best	of my knowledge and belief i	t is true, correct and complete.	
Type or Print Name of Treasurer	Theodore V. Koch			
Signature of Treasurer Theod	ore V. Koch	[Electronically Filed]	Date 01 / 15	2016
NOTE: Submission of false, errone	ous, or incomplete informa	tion may subject the person sig	ning this Report to the penalties of	2 U.S.C. §437g.
Office Use Only				ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Michigan First PAC 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 4745.10 January 1, 2015 (b) Cash on Hand at 4745.10 Beginning of Reporting Period..... 11334.25 11334.25 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 16079.35 16079.35 6(a) and 6(c) for Column B)..... 12639.25 12639.25 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3440.10 3440.10 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Mich	igan	First	PAC
	,	• •	

Report Covering the Period: From: 07	01 2015 T	o: 12 31 2015
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(,,		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	40000.00	
(such as PACs)	10000.00	10000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	40000.00	10000.00
Totals to Line 33, page 5)	10000.00	10000.00
2. Transfers From Affiliated/Other		200
Party Committees	0.00	0.00
All Leans Dessived	0.00	0.00
B. All Loans Received	7	0.00
I I I I I I I I I I I I I I I I I I I	0.00	0.00
L. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	1334.25	1334.25
(Carry Totals to Line 37, page 5)		1004.20
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
B. Transfers from Non-Federal and Levin Funds	3.33	3100
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) Lovin i dido (nom oblicado 110)	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		7
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11334.25	11334.28
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	11334.25	11334.29
(Sastast Ellis 19(s) Holli Ellis 19)	11004.20	11004.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

. Operating Expenditures: (a) Allocated Federal/Nor Activity (from Schedu (i) Federal Share (ii) Non-Federal Share (b) Other Federal Operat Expenditures	reing		.00	0.00
Activity (from Schedu (i) Federal Share (ii) Non-Federal Sha (b) Other Federal Operat Expenditures	reing	0	.00	7
(ii) Non-Federal Sha (b) Other Federal Operat Expenditures	reing	0	.00	7
(b) Other Federal Operat Expenditures(c) Total Operating Experi	ing 	7 7 7		0.00
Expenditures(c) Total Operating Expen	nditures	4239.		
(c) Total Operating Exper	nditures	4239.		
			.25	4239.25
		4239	.25	4239.25
Transfers to Affiliated/Othe	·			0.00
CommitteesContributions to		0.	.00	0.00
Federal Candidates/Command Other Political Comm		8400.	.00	8400.00
Independent Expenditures (use Schedule E)		0.	.00	0.00
Coordinated Party Expend	litures		#	7
(2 U.S.C. §441a(d)) (use Schedule F)		0.	00	0.00
Loan Repayments Made		0.1	00	0.00
Loans MadeRefunds of Contributions		0.	.00	0.00
(a) Individuals/Persons O Than Political Commi	ther	0.	00	0.00
(b) Political Party Commi	ttoos	0	.00	0.00
(b) Political Party Commit(c) Other Political Comm				7
(such as PACs)		0.0	00	0.00
(d) Total Contribution Ref	unds			
(add Lines 28(a), (b),	and (c))▶	0.0	00	0.00
Other Disbursements		0.0	00	0.00
Federal Election Activity (2	2 U.S.C. §431(20))			
(a) Allocated Federal Ele	ction Activity			
(from Schedule H6) (i) Federal Share	Γ.	0.0	00	0.00
(i) i euciai oliaie			# ##	7 7 7
(ii) "Levin" Share		0.0	00	0.00
(b) Federal Election Activ With Federal Fur		0.0	00	0.00
(c) Total Federal Election	Activity (add	7 7 7	# ##	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.0	00	0.00
Total Disbursements (add				
23, 24, 25, 26, 27, 28(d),	29 and 30(c))	12639.	25	12639.25
Total Federal Disbursemen				
(subtract Line 21(a)(ii) and from Line 31)		12639.	25	12639.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 20 1 01111 031 (11011 02/2000)		i ago 🗸
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000.00	10000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	10000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4239.25	4239.25
7. Offsets to Operating Expenditures (from Line 15, page 3)	1334.25	1334.25
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2905.00	2905.00

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 12 (check only one)
ITEMIZED RECEIPTS			for each category of the	Check only one)
			Detailed Summary Page	13 14 15 16 17
	v information copied from such Reports and States commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Michigan First PAC			
	Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOLO	GISTS PO	LITICAL ACTION COMMITTEE	Date of Receipt
١	Mailing Address 520 N. NORTHWEST HIGHWA	ΑY		M = M / D = D / Y = Y = Y
	City	State	Zip Code	07 22 2015 Transaction ID : SA11C.4208
	PARK RIDGE	IL	60068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0255752	5000.00
Ì	Name of Employer	Occupation	1	Contribution
Ī	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		5000.00	
	Full Name (Last, First, Middle Initial) KOCH INDUSTRIES INC POLITICAL A	ACTION C	OMMITTEE (KOCHPAC)	Date of Receipt
İ	Mailing Address 600 14TH STREET, NW SUITE 800			07 27 2015
	City	State	Zip Code	Transaction ID : SA11C.4211
-	WASHINGTON	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C co	0236489	5000.00
Ì	Name of Employer	Occupation		Contribution
Ī	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼	ggirgan	5000.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address			M M / D D / Y Y Y Y
_	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		
Ī	Name of Employer	Occupation		
Ī	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		7	
SI	JBTOTAL of Receipts This Page (optional)			10000.00
	1			

TOTAL This Period (last page this line number only).....

10000.00

TEMIZED RECEIPTS tor each category of the Detailed Summary Page 111	SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 12 (check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) Michigan First PAC Full Name (Last, First, Middle Initial) A Koch & Hoos, LLC Mailing Address City State Zip Code Vandor of Employer Primary General Occupation FEC ID number of contributing (ederal political committee) City State Zip Code Anount of Each Receipt this Period Fell Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code FEC ID number of contributing (ederal political committee) City State Zip Code Amount of Each Receipt this Period	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12
Michigan First PAC Full Name (Last, First, Middle Initial) A. Koch & Hoos, LLC Mailing Address 90 in Washington Street Suite 700 City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Transaction ID : \$A15.4210 Amount of Each Receipt this Period Tast 2 2015 Tast 2 201			
A. Koch & Hoos, LLC Mailing Address 901 N Washington Street Suite 700 City State 700 State 700 State 700 State 700 State 700 Alexandria VA 22314 Amount of Each Recept this Period FEC 1D number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) B. Mailing Address City State 700 City State 700 Cocupation Aggregate Year-to-Date ▼ Primary General Occupation FEC 1D number of contributing federal political committee. Name of Employer Receipt For: Primary General Occupation FEC 1D number of contributing federal political committee. Name of Employer C. Mailing Address City State 700 Cocupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C. Mailing Address City State 700 Cocupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State 700 Amount of Each Receipt this Period FEC 1D number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	I \		
Suite 700 City Alexandria VA 22314 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Occupation FEC ID number of contributing federal political committee. Name of Employer Coupation Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Occupation Receipt For: Primary General Occupation FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period			Date of Receipt
Alexandria VA 22314 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Tailor State Zip Code FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Tailor State Zip Code FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Tailor State Zip Code FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Tailor State Zip Code FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) Tailor State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date Tailor State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Tailor State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Tailor State Zip Code Amount of Each Receipt this Period Tailor State Zip Code Amount of Each Receipt this Period Tailor State Zip Code Amount of Each Receipt this Period	Suite 700		
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Aggregate Year-to-Date Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Cocupation Aggregate Year-to-Date Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cocupation Aggregate Year-to-Date Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation	-		
tederal political committee. Name of Employer Receipt For: Primary General Aggregate Year-to-Date ▼ Other (specify) ▼ 1334.25 Full Name (Last, First, Middle Initial) B.			Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial)		C	
Primary General Other (specify) ▼ 1334.25	Name of Employer	Occupation	Vendor Refund
Date of Receipt Mailing Address		Aggregate Year-to-Date ▼	
B. B. Date of Receipt		1334 25	1
B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Substitution Amount of Each Receipt this Period	Other (specify)	1004.25	1
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Occupation Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Full Name (Last, First, Middle Initial) B.		Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation	Mailing Address		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer Primary	City	State Zip Code	
Receipt For: Primary General Other (specify) ▼ C. Mailing Address City State Zip Code Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)			Amount of Each Receipt this Period
Receipt For: Primary		C	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Substotal of Receipts This Page (optional)	Name of Employer	Occupation	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Substotal of Receipts This Page (optional)	Receipt For:	Aggregate Year-to-Date ▼	
C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional)			1
C. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional)	Other (specify)		-
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Full Name (Last, First, Middle Initial) C.		Date of Receipt
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Mailing Address		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional)	City	State Zip Code	Assembled Facility Build His Parish
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 1334.25		C	Amount of Each Receipt this Period
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Name of Employer	Occupation	
SUBTOTAL OF Necepts Tris Page (optional)	Primary General		
4224.05	SUBTOTAL of Receipts This Page (optional	1)	1334.25
			1334 25

ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 12		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30	
Any information copied from such Reports and Stator for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full) Michigan First PAC	and didness of any points			
Full Name (Last, First, Middle Initial)				
- DeLullo & Associates, LLC			Date of Disbursement	
Mailing Address 815 King Street, Suite 311			08 07 2015	
City Alexandria	State Zip Code VA 22314		Transaction ID : SB21B.4212	
Purpose of Disbursement PAC Fundraising Consulting			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	1000.00	
Senate President	ement For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) - Koch & Hoos, LLC			Date of Disbursement	
Mailing Address 901 N Washington Street Suite 700			07 21 2015	
City Alexandria	State Zip Code VA 22314		Transaction ID : SB21B.4207	
Purpose of Disbursement PAC Accounting/Compliance Services		Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	709.00	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) - Koch & Hoos, LLC			Date of Disbursement	
Mailing Address 901 N Washington Street Suite 700			07 30 2015	
City Alexandria	State Zip Code VA 22314		Transaction ID : SB21B.4209	
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburs Senate	ement For: Primary General Other (specify)	Туре		

SCHEDULE B (FEC Form 3X)	Han annuals selected (A	FOR LINE	FOR LINE NUMBER: PAGE 9	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b	22 23	24 25 26 28c 29 30
		27	28a 28b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and address of any pointe		CONTRACTOR CONTRIBUTION	5 Guari committee.
Michigan First PAC				
/ Wholingari i hat FAC				
Full Name (Last, First, Middle Initial)				
^{A.} Koch & Hoos, LLC			Date of Disburs	ement
Mailian Addunas 204 NIM Line Or 1				D / Y Y Y Y Y
Mailing Address 901 N Washington Street Suite 700			09	23 2015
	State Zip Code			
	VA 22314		Transaction II	D : SB21B.4213
Purpose of Disbursement				
PAC Accounting/Compliance Services			Amount of Each	Disbursement this Period
Candidate Name		Category/		856.50
Office Sought: House Disbursem	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Koch & Hoos, LLC			Date of Disburs	ement
Matter Addison				D / Y Y Y Y Y
Mailing Address 901 N Washington Street Suite 700			12	17 2015
,	State Zip Code VA 22314		Transaction II	D : SB21B.4214
Alexandria Purpose of Disbursement	22314			
PAC Accounting/Compliance Services			Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type	,	339.50
Office Sought: House Disburserr	nent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disburs	ement
.				D / Y Y Y Y
Mailing Address				
-				
City	State Zip Code			
Purpose of Disbursement				
·			Amount of Each	Disbursement this Period
Candidate Name	Category/			
		Type		
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
otato. District.				
SUBTOTAL of Disbursements This Page (optional)				1196.00
SOBTOTAL OF DISDUISEMENTS THIS Fage (optional)				
TOTAL This Period (last page this line number only).			1	4239.25

SCHEDULE B (FEC Form 3X)	Hara e e e e e e e e e e e e e e e e e e	FOR LINE	NUMBER:	PAGE 10 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	he (criccit crit)	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and address of diffy p		25 30110100110110	555 551111111100.
Michigan First PAC				
Full Name (Last, First, Middle Initial)				
A. CASPERSON FOR CONGRESS			Date of Disburseme	ent
Mailing Address P.O. BOX 495			12 18	2015
City	State Zip Code		Transaction ID : S	\$R23 4217
ESCANABA	MI 49829		Hansaction iD: 3	7D2J.42 /
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period
Candidate Name THOMAS A CASPERSON		Category/ Type		2700.00
Senate	ment For: 2016 Primary General	al		
State: MI District: 01	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. CASPERSON FOR CONGRESS			Date of Disburseme	
Mailing Address P.O. BOX 495			12 18	2015
City ESCANABA	State Zip Code MI 49829		Transaction ID : S	SB23.4220
Purpose of Disbursement Contribution		· · · ·	Amount of Each Dis	sbursement this Period
Candidate Name THOMAS A CASPERSON		Category/		2700.00
	ment For: 2016	Туре		
Senate President	Primary	al		
State: MI District: 01	• • •			
Full Name (Last, First, Middle Initial) C. MIKE BISHOP FOR CONGRESS			Date of Disburseme	ent
Mailing Address PO BOX 1148			12 / D D 18	2015
City	State Zip Code			
BRIGHTON	MI 48116		Transaction ID : S	SB23.4224
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Dis	sbursement this Period
MIKE BISHOP		Category/ Type		1000.00
	ment For: 2016 Primary General Other (specify)			
State: MI District: 08	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional).				6400.00
TOTAL This Period (last page this line number only	')			

SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER:	PAGE 11 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Michigan First PAC				
Full Name (Last, First, Middle Initial)			5	
MOOLENAAR FOR CONGRESS			Date of Disburseme	
Mailing Address 5915 EASTMAN AVENUE			12 18	2015
SUITE 100				
	State Zip Code		Transaction ID : S	SB23.4221
MIDLAND Purpose of Disbursement	MI 48640			
Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
JOHN MOOLENAAR		Type		1000.00
	nent For: 2016			
	Primary General Other (specify)			
State: MI District: 04	Other (specify)			
Full Name (Last, First, Middle Initial)				
3. WALBERG FOR CONGRESS			Date of Disburseme	ent
			M = M / D = D	/
Mailing Address PO BOX 1362			12 18	2015
,	State Zip Code		Transaction ID : S	SB23.4227
JACKSON Purpose of Disbursement	MI 49204			
Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000.00
TIMOTHY L HON. WALBERG		Type	7	1000.00
	nent For: 2016 Primary General			
	Primary General Other (specify) ▼			
State: MI District: 07	cuio (epeeny) V			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburseme	ent
Mailian Adduses			M M / D D	/
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursem	ant For	Туре		
	Primary General			
	Other (specify)			
State: District:	· · · · · · · · · · · · · · · · · · ·			
		·		
SUBTOTAL of Disbursements This Page (optional)		·····		2000.00
TOTAL This Desired (feet seems 162 "				8400.00
TOTAL This Period (last page this line number only).			1 40 1	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12
FOR LINE NUMBER: (check only one)

	9
X	10

OF

12

NAME OF COMMITTEE (In Full) Michigan First PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PAC Accounting/Compliance Services Koch & Hoos, LLC Mailing Address 901 N Washington Street Suite 700 City State Zip Code Alexandria 22314 Transaction ID: SD10.4203 Outstanding Balance Beginning This Period 709.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 709.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 0.00 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)